

Home and Community Care Program

Quarterly Output Data Return

2004-2005

H1 129



Agency: _____

Period: _____ **Year:** _____

Type of HACC Activity	Output for this Quarter	
	No. Clients Assisted	No. Hours Total HACC Output*
1 Allied Health—At Home		
2 Allied Health—At Centre		
3 Assessment & Care Management		
		No. Meals
4 Delivered Meals—At Home (No. Meals)		
5 Delivered Meals—At Centre (No. Meals)		
		No. Hours Total HACC Output*
6 Flexible Service Response		
7 Home Care		
8 Linkages (Community Options)		
9 Nursing—At Home		
10 Nursing—At Centre		
11 Property Maintenance		
12 Personal Care		
13 Respite—Home & Community		
14 Respite—Overnight		
15 Planned Activity Group—Core		
16 Planned Activity Group—High		
17 Volunteer Coordination		
	No. Groups	No. individual phone connections
18 Telelink		

22 Tick if this is an amended return for this quarter Yes

Signed (Chief Executive Officer): _____ Date: _____

* Excludes DVA but includes output funded by fees revenue, agency contribution & HACC grant